

Name: _____ Date: _____

Check one:

_____ If I am found in an altered state anyone on the team can open the envelope and relay information to 911 and responding emergency medical personnel.

_____ If I am found in an altered state please give to responding emergency medical personnel.

Signature

Anyone opening the envelope without permission will be in violation of The Health Insurance Portability and Accountability Act of 1996 (HIPAA).